			STAT	ΕO	F MONTANA			IMPORTANT							
	TRAVEL EXPENSE VOUCHER							Refer to i	Refer to instructions before preparing. They are listed on the next tab.						
						•			ibmit vouchers more			DAI IOD.			
Name/								MONTH/YEA	AR						
Address									DEPARTMENT						
Circle one	EMPLOYEE								(DO NOT INCLUDE ANY PURCHASES MADE WITH THE STATE CR						
								<u>'</u>	<u> </u>						
EMPLID	Responsibility Center(s) (RC #) Briefly explain nature of trip(s):						<u> </u>	HEADQUAR	HEADQUARTERS						
Purpose	впепу ехрі	ain nat	ure of trip(s).											
	1		2		3	4	5	5	6	6	7		8	9	
Day	Departure Time	A am P pm	Arrival Time	A am P pm	Travel Details	Mode of	Personal Car or Aircraft Mileage HIGH RATE	Personal Car or Aircraft Mileage LOW RATE	Mileage Allowance Miles x Rate HIGH RATE	Mileage Allowance Miles x Rate LOW RATE	Per Diem Allowed (Attach Lodging Receipt)		Other Expenses (not paid b y	Total Amount	
					HAVO DOLAIIS	Travel					Lodging (not paid by state credit card)	Meals	state credit card)	Total Amount	
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FOR	AGENCY L	JSE O	NLY		Column Totals	N			\$ -	\$ -				\$ -	
11 Less Travel Advance Receive															
FORM 231 NO. FORM 241 NO.					Net Payment Due State										
Misc. Expenses	No.	<u>I</u>		1 10	Thet i ayment bue diam	<u> </u>								ı	
I hereby certify that: this is a valid travel claim to the State in accordance with statutes and administrative procedures and does not include any purchases made with the state credit card.							Employee's Signature								
														Date	
SUPERVISOR'S APPROVAL															